

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 85

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar			
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 walnut St.				d. STREET ADDRESS (If rural, give location) 703 Walnut St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Glen		b. (Middle) Edward		c. (Last) Betz	
4. DATE OF DEATH		(Month) Jan.		(Day) 20		(Year) 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 22, 1948		9. AGE (In years last birthday) 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Glen Edward Betz		13b. MOTHER'S MAIDEN NAME Lorene Margaret Stites		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Glen E. Betz, Lamar, Missouri		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of the cervical spine</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>sudden</u> <u>death</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Falling down from a high chair neck got caught between tray & chair			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 a. m., from the causes and on the date stated above.							
23a. SIGNATURE D.R. Guldner M.D.				23b. ADDRESS Lamar		23c. DATE SIGNED 20. 1. 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/22/1951		24c. NAME OF CEMETERY OR CREMATORY Laker Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Chiles		ADDRESS Lamar Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 22 1951

File 157-188

Date Filed 1-22-51

FEB 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Charles M. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.